

**PPEF Application form for SCHEME C:**

**Grants for non-research projects that fulfil the objects of the foundation**

**Please refer to the Guidance notes before completing the form.**

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| **Title** |  |
| **Forename** |  |
| **Surname** |  |
| **Email** |  |
| **Organisation / University / Charity** |  |
| **Home Address** |  |
| **Post Code** |  |
| **Tel no home** |  |
| **Tel no work** |  |
| **Mobile no** |  |
| **Work Address** |  |
| **Post Code** |  |
| **CSP member no** |  |
| **HCPC registration no** |  |
| **Physio First member no** |  |
| **Qualifications with dates** |  |
| **Have you applied for a grant from PPEF before?** |  |
| **Details of previous grants from PPEF and other sources** |  |
| **How did you hear about PPEF?** |  |
| **The Chairman of PPEF Trustees must be informed of any changes to these details** | |

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| 1. Project / Proposal Name / Title |  |
| 1. **Project / Proposal Leader** |  |
| 1. **Summary of Costs Involved.** |  |
| 1. **Project / Proposal Description / Definition** |  |
| 1. **Background** |  |
| 1. **Planning** |  |
| 1. **Objectives / Learning Outcomes** |  |
| 1. **Scope** |  |
| 1. **Benefit** |  |
| 1. **PPEF Objects / CSP’s research priorities** |  |
| 1. **Involving patients, carers and the public (and other stakeholders as appropriate) in the project** |  |
| 1. **Timescales** |  |
| 1. **Review / Methodology and Frequency** |  |
| 1. **Resources Required** |  |
| 1. **Alternative source and cost** |  |
| 1. **Sponsors / Strategic Relationships / Conflicts of Interest.** |  |
| 1. **Your Organisation’s Strategy** |  |
| 1. **Reporting on your Proposal / Project** |  |
| 1. **Dissemination plans** |  |
| 1. **Additional comments in support of the project.** |  |
| 1. **List of Supporting Documents.** |  |

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| I confirm that I have read the criteria for applicants for awards and the terms and conditions set out by the Private Physiotherapy Educational Foundation.  I agree to be bound them if my application is successful. I shall be actively engaged in and take full control of the project.  I agree to the PPEF holding my personal details in accordance to GDPR regulations.  Name: Date:  Signature:  Designation: |

Please return to:

PPEF

Minerva House

Tithe Barn Way

Swan Valley

Northampton, NN4 9BA

Email: [admin@ppef.org.uk](mailto:admin@ppef.org.uk)

Website: [www.ppef.org.uk](http://www.ppef.org.uk)